



Last Updated: 07/08/2022

COVID 19 - Electronic Visit Verification Transition Period Extended to September 1, 2020 for Agency-Directed Services

The purpose of this memo is to provide an update for the implementation of Electronic Visit

Verification (EVV) requirements. EVV is a requirement for personal care, respite care and companion services paid through the Medicaid program. The Department of Medical Assistance Services (DMAS) launched EVV on October 1, 2019 and provided a transition period. In light of the ongoing COVID-19 pandemic and to allow agency providers during this time the opportunity to acclimate to the requirements, DMAS will extend the transition period through August 31, 2020. This transition period applies to agency-directed services provided through fee for service, Commonwealth Coordinated Care Plus (CCC Plus) and Medallion 4.0 managed care plans. **Consumer directed service EVV requirements remain unchanged.**

During this extended transition period, agency providers will continue to be reimbursed for claims that do not meet EVV compliance. DMAS will continue to monitor the rate of EVV compliance to ensure providers are making concerted efforts to successfully comply with EVV.

Until September 1, 2020, DMAS will continue to pay EVV claims with regardless of the status of EVV data. Claims that do not fully comply with the EVV requirements will receive informational error codes. On September 1, 2020, these error codes will no longer be information and will result in claim denials. Please use this additional time to correct any errors.

PROVIDER CONTACT INFORMATION & RESOURCES	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov



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Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms
Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com , email: VAProviderQuestions@MagellanHealth.com , or call: 1-800-424-4046
Provider HELPLINE Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	aetnabetterhealth.com/virginia 1-800-279-1878



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600 East Broad Street
Suite 1300
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<https://dmas.virginia.gov>

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Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Magellan Complete Care of Virginia	www.MCCofVA.com 1-800-424-4518 (TTY 711) or 1-800-643-2273
Optima Family Care	1-800-881-2166
United Healthcare	Uhccommunityplan.com/VA and myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711)